

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

10743918
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5			1			
6				1		
7				1		
8						
9						
10				2		
11			1			
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50						
TOTAL IND.			4			
TOTAL DEP.			7			
TOTAL CLAIMS			11			

	IND	DEP	IND	DEP	IND	DEP
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